



# TOWN OF SOUTHAMPTON

## 2012 SPECIAL EVENTS APPLICATION

Southampton Town Code Chapter 283 Special Events requires specific material to be submitted as indicated on the application checklist provided. Chapter 283 may be accessed on the Town website at [www.southamptontownny.gov](http://www.southamptontownny.gov) under the link for Town Code.

As each event has a different impact on the community and town resources, you will be notified if additional materials are necessary. **If a section is not applicable, indicate N/A. It is the applicant's responsibility to ensure that the application package is complete and accurate. Incomplete applications will not be processed. NO BLANKS.**

**Applications MUST be submitted at least 90 DAYS prior to the event.**

<b>NAME of EVENT</b> _____ _____		<b>DATE(S) of EVENT</b> _____	<b>APPLICATION FEE</b> (see pg.5) \$ _____	<b>LATE FEES</b> \$ _____
		<b>RAIN DATE(S) of EVENT</b> _____		
<b>SUFFOLK COUNTY TAX MAP NUMBER(S)</b> 0900 - _____ - _____ - _____ 0900 - _____ - _____ - _____ 0900 - _____ - _____ - _____ section                      block                      lot		<b>PROPERTY LOCATION</b> (Note: Street number(s) must be posted. Town Code §286) _____ Street _____ Hamlet _____ Zoning District: _____ For events proposed to take place in a residential zoning district, submission of additional information/documentation may be required pursuant to the provisions of Chapter 283, including §283-3H.		
<b>APPLICANT or RESPONSIBLE OFFICER</b> <b>Charity</b> ____ <b>501(c)(3)</b> ____ <b>Other</b> _____				
Name _____ (_____) _____ Telephone _____		Mailing Address _____	City/Hamlet/Village _____	State _____ Zip _____
Email address: _____				
Note: If the applicant does not own the property, or if the owner is a Corp. or Partnership, the endorsement on page 9 must be submitted.				
<b>CONTACT PERSON - If different from Applicant for all correspondence, including permit</b> _____ <b>Same as applicant</b>				
Name _____		Mailing Address _____	City/Hamlet/Village _____	State _____ Zip _____
(_____) _____		Email Address: _____		
Telephone _____				
<b>OWNER of the PROPERTY</b> _____ <b>Same as applicant</b>				
Name _____		Address - Residence _____	City/Hamlet/Village _____	State _____ Zip Code _____
<b>PERSON RESIDING IN SUFFOLK COUNTY</b> , authorized to Accept Notices, Summonses or Other Violations with Respect to the Event. _____ <b>Same as applicant</b> <b>DOB</b> _____ <b>Note: Notarized affidavit for consent of service on page 11 must be submitted.</b>				
Name _____		Address - Residence _____	City/Hamlet/Village _____	State _____ Zip Code _____
<b>PERSON RESPONSIBLE FOR ON SITE MANAGEMENT OF THE EVENT</b> _____ <b>Same as applicant</b>				
Name _____		Mailing Address _____	City/Hamlet/Village _____	State _____ Zip Code _____
(_____) _____		Email address _____		
Telephone _____				
<b>ATTORNEY</b> If applicable _____ <b>N/A</b>				
Name _____		Email Address _____		



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### EVENT INFORMATION

**TOTAL PEOPLE Per Day** \_\_\_\_\_

Spectators	_____	Caterers	_____	Sound	_____	Music	_____
Employees	_____	Chefs	_____	Entertainment	_____	Vendors	_____
Organizers	_____	Wait Staff	_____	Electrical	_____	Exhibitors	_____
Planners	_____	Animal Care	_____	Bartenders	_____	Other	_____

**DURATION:** \_\_\_\_\_ day(s)

**DATE(S) of Event:** \_\_\_\_\_/\_\_\_\_\_/2012 to \_\_\_\_\_/\_\_\_\_\_/2012      **Hours of Event:** \_\_\_\_\_ am / pm to \_\_\_\_\_ am / pm

For events of more than one day in duration, please include additional information with regard to dates and hours of operation

**DATE(S) for SET UP** \_\_\_\_\_ **DATE for SITE TO BE CLEANED UP** \_\_\_\_\_

*Please note insurance certificate should include coverage for set-up and clean-up dates.*

**ADMISSION FEE:** \$ \_\_\_\_\_ (General Admission)

**SPECIAL ADMISSION FEES** (tables, groups, children, seniors, etc.) \_\_\_\_\_

**EVENT DESCRIPTION: Provide website:** \_\_\_\_\_ **If not available** please provide a description including a detailed explanation of the purpose of the proposed event, the nature of the activities to be carried on, the objective and how the event is in compliance with the Town Code. Additional sheets may be added if necessary.

**LOCAL GROUPS, ORGANIZATIONS, CHARITIES OR INDIVIDUALS** who will benefit from the proceeds of the event and who are designated to receive proceeds. As defined in NYS Executive Law 171, a **local charity** is one that has offices within the Town of Southampton or an organization that provides services or funds that **directly** benefit Town residents.

Name	Mailing Address	City/Hamlet/Village	State	Zip Code	\$Amount
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Name	Mailing Address	City/Hamlet/Village	State	Zip Code	\$Amount
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As defined in Town Code §283, an applicant that is not a charitable organization shall have 90 days after the event to submit proof in writing including copies of cancelled checks to the Town Clerk's Office that pledges listed above were received by the Designated Charity.

**If your organization is not a local charity, please describe and note how the event will directly benefit a local charitable organization.**

### SIGNAGE

All signs should be removed within 3 days of the termination of the event. Flashing or moving signs are prohibited, Town Code §330-203B(8).

#### Freestanding Signs ONSITE

#### Freestanding Signs OFFSITE

Number	_____	Number	_____
Size	_____	Size	_____
Location	_____	Location	_____

### INCIDENT ACTION PLAN

NYS fire code requires an emergency plan. It may not be ready at the time of the application but **must be** submitted to and approved by Chief Fire Marshal prior to the event. Plan attached: yes \_\_\_\_\_ no \_\_\_\_\_



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### SERVICE PROVIDER INFORMATION

**SECURITY COMPANY** \_\_\_\_\_ **N/A** **Attach a signed contract if over 500 attendees are expected.**

\_\_\_\_\_  
Name of Firm Email Telephone

A copy of the NY State Licensing and a valid workers compensation certificate are required to be submitted.

Total number of personnel to be provided \_\_\_\_\_ Onsite \_\_\_\_\_ Offsite \_\_\_\_\_

**PARKING** \_\_\_\_\_ **N/A** **Attach valid workers comp certificate.**

\_\_\_\_\_  
Name of Firm Email Telephone

Total number of parking spaces provided on-site \_\_\_\_\_ Total number of parking spaces provided off-site \_\_\_\_\_

Maximum number of vehicles expected to be parked at any given time at the event each day (if more than one day) \_\_\_\_\_

(include Spectators/Participants, employees, organizers, vendors, wait staff, caterers, exhibitors, parking attendants)

Total Number of Handicap Parking Spaces provided \_\_\_\_\_

**Parking after 1:00 am is prohibited on all Town roads in residential districts.**

**CATERER/FOOD and BEVERAGE** \_\_\_\_\_ **N/A** **Attach valid workers comp certificate.**  
**Attach Suffolk County Health Permit Application.**

\_\_\_\_\_  
Name of Firm Email Telephone

Will alcohol be served? yes \_\_\_\_\_ no \_\_\_\_\_ NY State Liquor Permit required if alcohol is served. Attach permit.

*If serving alcohol, additional insurance for Liquor Liability is required.*

New York State Liquor Authority ([www.abc.state.ny.us](http://www.abc.state.ny.us)) (212) 961-8385

**MECHANICAL RIDES** \_\_\_\_\_ **N/A** **Attach valid workers comp certificate.**

\_\_\_\_\_  
Name of Firm Email Telephone

**GARBAGE / TRASH / RUBBISH REMOVAL** \_\_\_\_\_ **N/A**

\_\_\_\_\_  
Name of Firm Email Telephone

**SANITARY WASTE / SEWAGE REMOVAL** \_\_\_\_\_ **N/A**

\_\_\_\_\_  
Name of Firm Email Telephone

**LICENSED ELECTRICIAN (Town of Southampton licensing required)** \_\_\_\_\_ **N/A**

\_\_\_\_\_  
Name of Firm Email Telephone



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### SUBMIT PLANS, DRAWINGS, INCLUDING HANDICAP ACCESSIBILITY, AND COMPLETE THE FOLLOWING REQUESTS FOR INFORMATION

THE FOLLOWING INFORMATION MUST BE SUBMITTED: A DETAILED MAP OR PLAN, DRAWN TO SCALE, SHOWING ALL OF THE REQUIRED ELEMENTS LISTED BELOW WITH A SUMMARY OF ITEMS INCLUDED ON MAP, AS WELL AS ALL OTHER APPLICABLE INFORMATION AND MATERIAL REQUIRED.

PLEASE INDICATE BY CHECK MARK THE FOLLOWING INFORMATION WHICH HAS BEEN INCLUDED IN PLANS SUBMITTED. INSERT "N/A" IF NOT APPLICABLE. NO BLANKS.

1. \_\_\_ Filing Fee: (1) for 1 day event with less than 250 people: \$50.00 per day  
(2) for events occurring over more than one day and/or events with 250 - 500 people: \$150.00 per day  
(3) for events occurring over more than one day and/or events with 500 – 1000 people: \$300.00 per day  
(4) for events occurring over more than one day and/or events with 1000 – 3000 people: \$500.00 per day  
(5) for events occurring over more than one day and/or events with more than 3000 people: \$1000.00 per day  
  
Filing Fee, Parcels with PDD designation: (1) for 1 day event with less than 250 people: \$50.00 per day  
(2) for events occurring over more than one day and/or events with 250 – 500 people: \$100.00 per day  
(3) for events occurring over more than one day and/or events with more than 500 people: \$200.00 per day  
  
Any **amendment** to the application for a Special Event permit will be subject to an amendment fee of **25%** of the applicable application fee. Amendments may include changes to the location, route, parking plan, number of people expected, etc. Amendments to Incident Action Plans or Parking Plans at the request of the Town are not considered amendments to the application.
2. \_\_\_ Comprehensive Liability Insurance Policy naming the Town of Southampton, 116 Hampton Road, Southampton, NY 11968 as an additional insured in the amount of \$1,000,000. If serving alcohol, Liquor Liability Insurance naming the Town of Southampton as an additional insured will also be required. *Insurance coverage should include set-up and break-down time and should list the name, date & location of the event under description of operations.*
3. \_\_\_ Disclosure Affidavit, Owner's Endorsement, Authorization for Inspection & Indemnity, Consent of Agent for Service on pages 7-8, 9, 10 & 11, of application.
4. \_\_\_ Copy of current contract or agreement with property owner.
5. \_\_\_ Detailed Map, Plan or Sketch, Drawn to Scale, Showing the Following:  
Location, Size and Number of the Following:
  - a. \_\_\_ Existing Building(s) or Structure(s)
  - b. \_\_\_ Proposed Temporary Building(s), Structures(s) or Trailer(s)
  - c. \_\_\_ All Access Roads Including Internal Circulation
  - d. \_\_\_ Tent(s), including size, number and location. **Permit required from Chief Fire Marshal for all tents greater than 200 square ft.** Contact 702-2938 for more information.
  - e. \_\_\_ Stages, Decks, Bleachers, Platforms (**If applicable certification and/or inspection**)
  - f. \_\_\_ Areas of Assembly for Spectators, Vendors, Exhibitors, Employees, Organizers, Animals
  - g. \_\_\_ Exits, Width(s) Specified
  - h. \_\_\_ Restrooms, Including Handicap Accessibility
  - i. \_\_\_ All Temporary Utilities  
\_\_\_ Generator(s) \_\_\_ Fuel Storage \_\_\_ Cooking Facilities \_\_\_ Water (Supply, Storage, Distribution)
  - j. \_\_\_ All Audio Equipment (Loudspeakers, Horns, Music, etc.)
  - k. \_\_\_ Location of Fire Extinguishers, Location of Fire Lanes, Location of Water Supply
  - l. \_\_\_ Dumpsters, Trash Barrels
6. \_\_\_ Letter from Participating Charity.
7. \_\_\_ Incident Action Plan. Any questions regarding this document, call the Chief Fire Marshal's Office at 702-2920 or [ckraft@southamptontownny.gov](mailto:ckraft@southamptontownny.gov)



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8. \_\_\_\_ Use of Town Facilities. If the Event is to be held at a Town Park, Beach or other Town-owned Property a "Facility Use Permit" is required pursuant to Town Code §111-3D. If and when both a facility use permit and a special event permit are required, the validity of the facility use permit is contingent upon issuance of the special event permit (Southampton Town Code 283-7). Please contact Parks & Recreation (728-8585) for information regarding a facility use permit.
9. \_\_\_\_ Plan for Disposal of Garbage, Trash, Rubbish and Sanitary Waste and Sewage including dumpster location.
10. \_\_\_\_ Parking Plan both onsite and offsite (if applicable) including method of transport, layout, ingress and egress, loading and delivery, passenger pick-up/discharge.
11. \_\_\_\_ Plan and Drawings for All Signs.
12. \_\_\_\_ Lighting Plan. Include Type(s) of lighting, overhead, ground etc. and number of fixtures by type (search lights, strobe lights, laser lights or revolving lights are prohibited, Town Code 283).
13. \_\_\_\_ Copy of Any Applicable Legal Protective Measures (Covenants, Easements, Indentures or Other Restrictions, Including Approvals/ by the Southampton Town Board, Planning Board, Zoning Board of Appeals or Conservation Board.)
14. \_\_\_\_ Additional Town permits may be required: (1) Events with Animals (Southampton Town Code §150-9). Contact Department of Animal Control, 728-7387 (2) Events with Fireworks (Southampton Town Code §164-5). Contact Fire Prevention, 702-2938.
15. \_\_\_\_ Copy of Sanitary, Food Service or other Health Related Permits Issued by the Suffolk County Department of Health Services.
16. \_\_\_\_ Description of Duties and copy of Contract with Security Company (Required Where Total Number of Persons Expected to be Onsite is Greater than 500).
17. \_\_\_\_ Copy of Contract with Parking Service (Required Where Total Number of Persons Expected to be Onsite is Greater than 500).

### PLEASE SUBMIT ORIGINAL APPLICATION, PLANS & ALL DOCUMENTATION

I hereby depose and certify that all the above statements and information and all statements and information contained in the supporting documents and drawings attached hereto are true and correct. I hereby agree to provide notice in writing to the Town Clerk's Office immediately, should there be any material changes regarding the information submitted in this application. I hereby authorize officials and employees of the Town of Southampton to enter the property to make any and all inspections necessary in connection with this Special Event.

\_\_\_\_\_  
Name of Applicant

\_\_\_\_\_  
Applicant's Signature

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Notary Public

**A false statement made herein is punishable as a class A misdemeanor pursuant to section 210.45 of the penal law of the State of New York.**

**\*NOTICE: A violation of any of these provisions of chapter 283 pertaining to special events permits shall be a misdemeanor and shall be punishable as the chapter provides.**



<u>Name/Address</u>	<u>Amount/Date</u>	<u>Name of Campaign Committee</u>



# TOWN OF SOUTHAMPTON

## 2012 SPECIAL EVENTS DISCLOSURE AFFIDAVIT

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5. During the preceding 24 months before the filing of this application, have any of the following individuals employed any Town officer or employee or a relative thereof involving compensation in an amount of \$500 or more? Said compensation may be directly made, or indirectly made through a corporation or business interest held by any Town officer or employee or their relative.

	Yes	No
a. Owner	_____	_____
b. Applicant	_____	_____
c. Agent for owner or applicant	_____	_____
d. Attorney	_____	_____
e. Other	_____	_____

If the answer to Question 5 is yes, Town Code Chapter 23 requires that the information be provided below:

<u>Name</u>	<u>Position (Owner, Agent, Attorney, Other)</u>	<u>Corporation</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

\_\_\_\_\_  
Applicant Signature

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Notary Public

**A FALSE STATEMENT MADE HEREIN IS PUNISHABLE AS A CLASS "A"  
MISDEMEANOR PURSUANT TO SECTION 210.45 OF THE PENAL LAW OF THE  
STATE OF NEW YORK**

For the purposes of this disclosure, an official of the State of New York or an elected or appointed official or employee of the Town of Southampton shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them is:

- the applicant or owner; or
- an officer, director, partner, or employee of the applicant or owner; or
- Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
- Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such application. Ownership of less than five percent of the stock of a corporation whose stock is listed on the New York Stock or American Stock Exchange shall not constitute an interest for the purposes of this disclosure.







# TOWN OF SOUTHAMPTON

## 2012 AUTHORIZATION FOR INSPECTION AND INDEMNITY AGREEMENT

Property Owner Page 1 of 1

IF MORE THAN ONE OWNER, A SEPARATE PAGE MUST BE SIGNED AND SUBMITTED BY EACH PROPERTY OWNER

STATE OF NEW YORK}

}ss:

COUNTY OF SUFFOLK}

I, \_\_\_\_\_, being by me duly sworn,  
*please print name*

deposes and says: I am the Owner of the Property located at:

\_\_\_\_\_,  
described in the foregoing Application, and that I have authorized Officials and Employees of the  
Town of Southampton to enter my property to make all inspections necessary in connection with this  
Special Event.

Furthermore, in consideration of issuance by the Town of a Special Event Permit on the Property, the  
Owner voluntarily agrees to indemnify and hold the Town of Southampton and its officers,  
employees, and agents harmless from and against any and all losses, liabilities, damages, or costs  
sustained by any person for personal injury, death, or property damage arising out of, or as a  
consequence to the Special Event.

The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees,  
and agents from and against any and all losses, liabilities, damages, or costs which may be imposed  
upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned,  
which result in damage or injury of any kind to any person or any property and which arises out of or  
is any way connected with the event permitted by this permit.

\_\_\_\_\_  
Signature of Property Owner

\_\_\_\_\_  
(If Owner is a corporation, please indicate name  
of corporation and title of corporate officer whose  
signature appears above)

Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Notary Public



# TOWN OF SOUTHAMPTON

## 2012 Affidavit-Consent of Agent for Service Page 1 of 1

STATE OF NEW YORK}

} SS.:

COUNTY OF SUFFOLK}

I, \_\_\_\_\_, by me being duly sworn, deposes and says, I reside at  
*please print name*

No. \_\_\_\_\_, \_\_\_\_\_, State of New York,  
Street Town/City

and do hereby consent and accept service by mail to the above address, of any and all papers and instruments of any kind, including, but not limited to orders, civil summonses and complaints, motions for preliminary injunction, appearance tickets and/or criminal summonses for any matters arising out of or relating to the \_\_\_\_\_ Special Event occurring on or about \_\_\_\_\_, 2012.

My date of birth is \_\_\_\_\_, my telephone number is \_\_\_\_\_, and my mailing address, if different than that my street address, is \_\_\_\_\_, \_\_\_\_\_.  
PO Box /Street Town/ City

I understand that by executing this document I am affirmatively waiving the requisite personal service requirements of the New York State Criminal Procedure Law and the New York State Civil Practice Laws and Rules. Furthermore, by executing this document, I hereby consent to the personal jurisdiction of the Southampton Town Justice Court and the Supreme Court for the State of New York in connection with any and all legal action that the Town of Southampton commences arising out of or relating to the aforementioned Special Event. In addition, I hereby waive any and all jurisdictional defects and/or defenses as to any matter arising out of or relating to the subject Special Event.

\_\_\_\_\_  
Signature

Sworn to before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Notary Public



# TOWN OF SOUTHAMPTON 2012 INDEMNITY AGREEMENT

Applicant Page 1 of 1

STATE OF NEW YORK}

}ss:

COUNTY OF SUFFOLK}

Pursuant to Town Code §283-11, this Agreement is made this \_\_\_\_\_ day of \_\_\_\_\_, 2012, between the Town of Southampton (Town) and \_\_\_\_\_ (Applicant).

In consideration of issuance by the Town of a Special Event Permit, the applicant voluntarily agrees to indemnify and hold the Town of Southampton and its officers, employees, and agents harmless from and against any and all losses, liabilities, damages, or costs sustained by any person for personal injury, death, or property damage arising out of, or as a consequence to the Special Event.

The undersigned further agrees to indemnify and hold harmless the Town and its officers, employees, and agents from and against any and all losses, liabilities, damages, or costs which may be imposed upon, incurred by or asserted against the Town by reason of any act of omission of the undersigned, which result in damage or injury of any kind to any person or any property and which arises out of or is any way connected with the event permitted by this permit.

\_\_\_\_\_  
Applicant

Sworn before me this

\_\_\_\_\_ day of \_\_\_\_\_, 2012.

\_\_\_\_\_  
Notary Public